

FORM PTO-1083

Attorney Docket No.: 102.0003-04000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson

Serial No: 09/626,636

Filed: July 27, 2000

For: A GUARD FOR USE IN PERFORMING
HUMAN INTERBODY SPINAL SURGERY

Confirmation No.: 6124

Art Unit: 3731

Examiner: Ryan J. Severson

RECEIVED
CENTRAL FAX CENTER

OCT 31 2007

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Further to the Advisory Action dated October 18, 2007, transmitted herewith is a Request for Continued Examination and Amendment in reply to the Final Office Action dated July 23, 2007 in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a one-month extension of time to respond to the above office action.
- ☒ Information Disclosure Statement Under 37 C.F.R. § 1.97(b) and Form PTO/SB/08 are enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	178	-	171	**	5	LG=\$60 SM=\$25	\$ 250.00
INDEPENDENT CLAIMS FEE	7	-	6	***	1	LG=\$210 SM=\$105	\$ 210.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185		\$ 0
TOTAL							\$ 480.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The total amount of \$1,390.00 to cover the \$120 one-month extension fee, \$810 RCE fee, and \$460 additional claims fee is to be charged to Deposit Account No. 50-3726.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: October 31, 2007

By: Thomas H. Martin PCHURP 00000048 503726 09626636
Registration No. 34,383
#1 FC:1251 120.00 DA1557 Lake O'Pines Street, NE
Hartville, Ohio 44632
Telephone: (330) 877-0700
Facsimile: (330) 877-2030

Transmittal of Amendment 9-26-07.DOC

**RECEIVED
CENTRAL FAX CENTER**

FORM PTO-1083

OCT 31 2007

 Attorney Docket No.: 102.0003-04000
 Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson

Serial No: 09/626,636

Filed: July 27, 2000

 For: A GUARD FOR USE IN PERFORMING
 HUMAN INTERBODY SPINAL SURGERY

Confirmation No.: 6124

Art Unit: 3731

Examiner: Ryan J. Severson

 Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Further to the Advisory Action dated October 18, 2007, transmitted herewith is a Request for Continued Examination and Amendment in reply to the Final Office Action dated July 23, 2007 in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a one-month extension of time to respond to the above office action.
- ☒ Information Disclosure Statement Under 37 C.F.R. § 1.97(b) and Form PTO/SB/08 are enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	176	-	171	**	LG=\$50 SM=\$25	\$ 250.00
INDEPENDENT CLAIMS FEE	7	-	6	***	LG=\$210 SM=\$105	\$ 210.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185	\$ 0
					TOTAL	\$ 460.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The total amount of \$1,390.00 to cover the \$120 one-month extension fee, \$810 RCE fee, and \$460 additional claims fee is to be charged to Deposit Account No. 50-3726.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: October 31, 2007

By: 

Thomas H. Martin

Registration No. 34,383

 1557 Lake O'Pines Street, NE
 Hartville, Ohio 44632
 Telephone: (330) 877-0700
 Facsimile: (330) 877-2030

Transmittal of Amendment 9-28-07.DOC